

**DELDOT SNOW REMOVAL REIMBURSEMENT PROGRAM
APPLICATION FORM**

Accepted registrations will remain in effect until DelDOT is notified that your association no longer wishes to participate.

A voided association check or other evidence of an association bank account is required to be mailed with application to: **DelDOT M&O**

Attn: Linda Stump

PO Box 778

Dover DE 19903

The Division of Accounting requires completion of the new Delaware Substitute Form W-9 on their website <http://accounting.delaware.gov> before any financial transactions can be processed. For associations that do not have internet access, a printed version can be obtained by contacting Linda Stump at 760-2085.

Association information must match information as entered on Delaware Substitute Form W-9.

Checks and informational letter will be mailed to association address.

Association name: _____

Association address: _____

Association EI #: _____

Contact name: _____

Contact address: _____

Home phone #: _____

Work phone #: _____

Email address: _____

Our association will be responsible for snow removal of the following subdivisions.

We certify that, in conjunction with snow removal services for which reimbursement will be requested under HB 544, only licensed and insured contractors will be used. It is further understood that DelDOT disclaims any responsibility for damages to private property or persons as a result of contractor work under this program. Resolution of damage claims shall rest solely between the private parties involved.

Signed: _____
Association President Association Secretary (or other officer)

Date: _____